

4. That the ejaculatory ducts may become obstructed and the seminal vesicles consequently hyper-distended.

5. That termination by suppuration is exceptional.

6. That when suppuration occurs it should be dealt with by incision from the perineum rather than from the rectum.

7. That gonorrhœa is by far the most common originator of these disorders.

8. That they are frequently concomitant with gonorrhœal epididymis.

9. That they are usually diagnosed as inflammations of the prostate or neck of the bladder.

10. That while certain suppurative phenomena are suggestive of them their diagnosis can only be made by objective examination from the rectum and bladder.—*Author's abstract of paper read at British Medical Asso. Meeting, Glasgow, August, 1888.*

JORDAN LLOYD (Birmingham).

**III. Successful Case of Extirpation of the Kidney for Pyonephrosis.** By Mr. KNOX (Glasgow). The patient, a woman, æt. 38 years, was admitted, with a large tumor in the left lumbar region; 12 months previously she had begun to experience much difficulty in micturition, accompanied with straining and pain above pubes. Urine was pale and muddy. Shivering fits occasionally occurred, with feverishness which lasted two days. During the last six months before admission the symptoms increased in severity. The appearance of the patient was barely healthy, and there was no anasarca. Pulse 100, regular; temperature normal. On examining the abdomen a large tumor occupied the left lumbar region, passing upward under costal arch, and downward to the crest of the ilium. It was rounded, slightly movable with respiration, and on altering the position of the patient, distinctly fluctuant. The urine was acid, turbid when passed, and on handling deposited a thick layer of pus. The right urethra was catheterized and some clear, healthy urine obtained from it. The diagnosis of an abscess in the region of the left kidney having been made, the following operative interference was adopted. An incision was

made at the outer border of the erector spina from the last rib, curving downward and outward to the iliac crest. The capsule of the kidney was easily reached, on scraping through which the kidney presented as an elastic, fluctuating tumor, surrounded by a large quantity of thick, turbid pus, to which exit was given. The kidney structure was found much diseased, owing to the pressure of numerous small abscesses; the organ was, therefore, separated from its capsule and removed, the pedicle being ligatured with prepared silk and then cut across. No hæmorrhage occurred. A large drain was inserted to the bottom of the wound and wire sutures used. Antiseptic dressings were applied. No complications occurred during the process toward convalescence. The patient was discharged cured seven weeks after the operation, and a year afterward she still continued in good health. The appearance of the kidney after removal was that of extreme pyonephrosis — *Medical Press and Circular*, August, 15, 1888.

H. PERCY DUNN (London).

**IV. Passage of Gas and Feces Through the Urethra ; Colotomy ; Recovery.** By H. CRIPPS (London). The patient, a man, æt. 30, first noticed pain in the hypogastric region about 10 months before admission, the pains being only felt during the time of the passage of a motion. Some months previously blood and slime were passed with the motions. At time of admission patient required to pass urine nearly every quarter of an hour, and after the urine ceases to flow flatus often escapes with considerable noise. Urine is turbid with distinct fæcal odor. The motions are semi-solid, but no urine flows out of the rectum. Nothing definite could be felt either through the abdominal wall or in the rectum. For some weeks the patient was kept in bed on a milk diet, but no improvement following, it was decided to explore abdomen and open the bowel above the site of communication.

The section was made in the left inguinal region, and with the finger a firm mass, suggestive of malignant disease, was discovered, binding the sigmoid flexure to the bladder. The bowel was traced upward from this, and a loop of the lower part of the descending colon drawn